

# RCGP Curriculum

## Supercondensed Curriculum Guide

### GASTROENTEROLOGY

#### Role of the GP

- Diagnose, investigate and manage digestive symptoms and refer when appropriate
- Consider the social and psychological impact of digestive problems
- Recognise and act on gastrointestinal emergencies
- Coordinate care with other organisations and work with other healthcare professionals for acute and chronic digestive disease management
- Support patients, relatives and their carers to manage their gastrointestinal condition.

#### Knowledge and Skills Self-Assessment Guide

##### Symptoms and Signs



- Abdominal masses and distension
- Abdominal pain
- Bowel issues: constipation, diarrhoea, changes in bowel habit, tenesmus and faecal incontinence
- Dyspepsia, dysphagia, bloating
- Jaundice
- Nausea and vomiting
- Weight loss and weight gain.

#### Knowledge and Skills Self-Assessment Guide

##### Common and Important Conditions

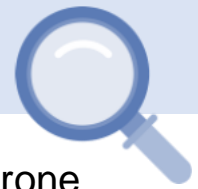


- Gallbladder disease: gallstones, cholecystitis, cholangitis, biliary colic
- GI malignancy
- Liver disease: hepatitis, drug-induced, cirrhosis, autoimmune
- Lower GI Conditions: constipation and diarrhoea, infections, IBD, IBS, diverticular disease, coeliac disease, rectal problems
- Acute abdominal conditions
- Nutritional problems and disorders of weight: obesity and weight loss (thyroid disease and endocrine disorders), PEG and parenteral feeding
- Pancreatic disease: acute and chronic pancreatitis, malabsorption
- Upper GI Conditions: Gastrointestinal bleeds, GORD, peptic ulcer disease, hiatus hernia, benign oesophageal conditions
- GI effects of medications
- Post-operative complications.

# GASTROENTEROLOGY

## Knowledge and Skills Self-Assessment Guide

### Examinations and Procedures



- GI examinations – importance of dignity, respect and putting the patient at ease and chaperone where appropriate.

## Knowledge and Skills Self-Assessment Guide

### Investigations



- Stool tests: culture, faecal calprotectin, FIT
- Tests of liver disease and function: immunological tests and markers of cirrhosis and malignancy, including scoring tools.
- Scans and imaging: endoscopy, colonoscopy, ultrasound, fibroscan
- Screening programmes for colorectal cancer
- Appropriate tailoring of treatment to cater for the patient's GI function and preferences.

## How this might be tested in MRCGP

### AKT



- Investigation of rectal bleeding
- Interpretation of liver function tests
- Assessment of abdominal pain.

### SCA

- Man with a raised BMI has a cough which is worse overnight and first thing in the morning.
- Young woman complains of recurrent abdominal pain and bloating
- Elderly woman asks for an explanation and advice after a hospital outpatient attendance. The consultant's letter (provided) gives a diagnosis of diverticular disease.



### WPBA



- Case based discussion about a man who continues to have upper abdominal pain following a recent cholecystectomy
- Log entry about a referral for a woman with dysphagia through the urgent cancer pathway
- Quality Improvement Project (QIP) looking at how effective your GP practice is at suggesting suitable interventions to patients who may potentially be at risk of liver disease.

# LEARNING OPPORTUNITIES (Examples)

## Core Content

- **Communication and Consultation**
  - Explaining a diagnosis (e.g., diverticular disease)
  - Discussing referral for investigations and explaining what these involve (e.g., endoscopy and colonoscopy)
  - Negotiating management plans
  - Breaking bad news (e.g., suspected bowel cancer)
- **The Normal and the Abnormal**
  - Abdominal examination findings, weight loss/ gain
- **Prescribing**
  - Shared care medication (e.g., immunologics) and monitoring requirements
  - Gastrointestinal side-effects from medications
- **Health Promotion & Prevention**
  - Lifestyle modifications
  - Bowel cancer screening
- **Comorbidity**
  - Psychological (e.g., anxiety and depression in people living with a stoma)
  - Gastrointestinal symptoms caused by other physical health problems (e.g., diarrhoea in hyperthyroidism)
- **Medico-legal/ Ethics**
  - Capacity
  - Alcohol intoxication
  - Requests for further investigations (e.g., irritable bowel syndrome).



- Daily practice and out-of-hours care seeing common presentations (e.g., dyspepsia, irritable bowel syndrome haemorrhoids)
- Review of nutrition

## Acute Care



- Management of the acute abdomen
- Acute exacerbation of chronic illness (e.g., inflammatory bowel disease, diverticulitis).

## Multidisciplinary Team

- Gastroenterology
- Hepatology
- Colorectal and General Surgery
- Oncology and palliative care
- Inflammatory bowel disease nurse
- Stoma care nurse
- District nurse
- Dietician.

## Community

- Alcohol support services.

## Other

Observe an endoscopy/ colonoscopy.